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BIBDATASHEET**CONFIRMATION NO. 7899**

Bib Data Sheet

SERIAL NUMBER 09/661,520	FILING DATE 09/13/2000 RULE	CLASS 472	GROUP ART UNIT 3712	ATTORNEY DOCKET NO. W07-469						
APPLICANTS Peter J. Wilk, New York, NY;										
** CONTINUING DATA ***** <i>None</i>										
** FOREIGN APPLICATIONS ***** <i>None</i>										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/08/2000										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials </td> <td style="width:15%; text-align: center; vertical-align: top;"> STATE OR COUNTRY NY </td> <td style="width:15%; text-align: center; vertical-align: top;"> SHEETS DRAWING 1 </td> <td style="width:15%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 9 </td> <td style="width:15%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 2 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY NY	SHEETS DRAWING 1	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2	
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ADDRESS Coleman Sudol Sapone P C 714 COLORADO AVENUE BRIDGEPORT , CT 06605-1601										
TITLE Novelty or entertainment device and associated method										
FILING FEE RECEIVED 505	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<table style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table>		<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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